

Name  
in  
Full

Richard Barnes

## CERTIFICATE OF DEATH

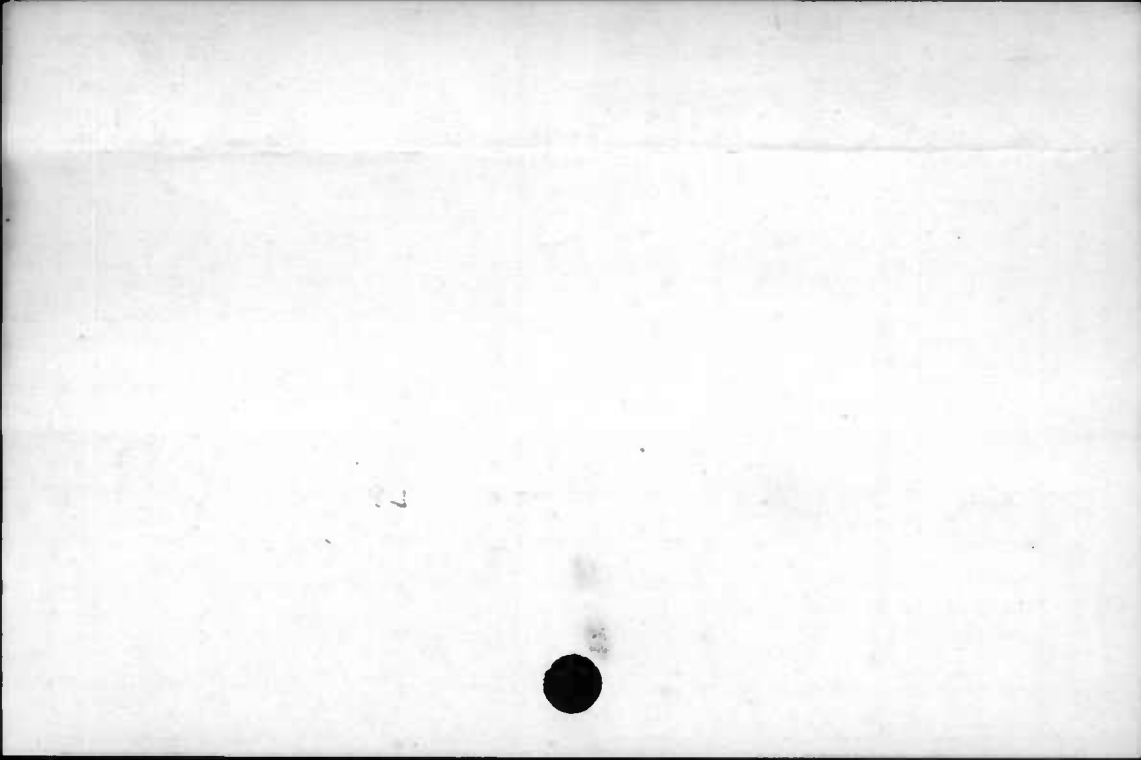
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Clones town		County St. Mary's		MARYLAND	
Date of death		1906	Month Jan.	Day 30	Age 99	Months	Days
Sex		Male		Color or Race negro		Birth place St. Mary's	
Occupation		Laborer		Where Residing if not at place of death St. Mary's			
Married, Single or Widowed		Single		Name of Wife or Husband Ruthie Barnes			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information		Wade Barnes		How related to deceased		Stepson	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? Yes	
Signature of Physician	Address
154 Dr. J. H. Richardson Great Mills	
Accident or Suicide? <input checked="" type="checkbox"/>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Augustus Brown*  
*Valley Lee* Town*St. Marys* CountyDate  
of death *1906*Month  
*Jan*Day  
*16*Age  
*1*

Years

Months  
*2*Days  
*16*Sex *Male*Color or  
Race*Colored*Birth-  
place*St. Marys Co., Md.*

Occupation

Where Residing If not  
at place of deathMarried, Single  
or Widowed*Single*Name of Wife or  
HusbandFather's  
Name*Gustavus Brown*Father's  
Birthplace*St. Marys Co.,*Mother's  
Maiden Name*Lethia Lamersee*Mother's  
Birthplace*St. Marys Co.,*Name of person giving  
In formation*Lethia Brown*How related  
to deceased*Mother*

## CAUSES OF DEATH

Primary

*Pertussis*

How long

*14 days*

Immediate

*Broncho-pneumonia*

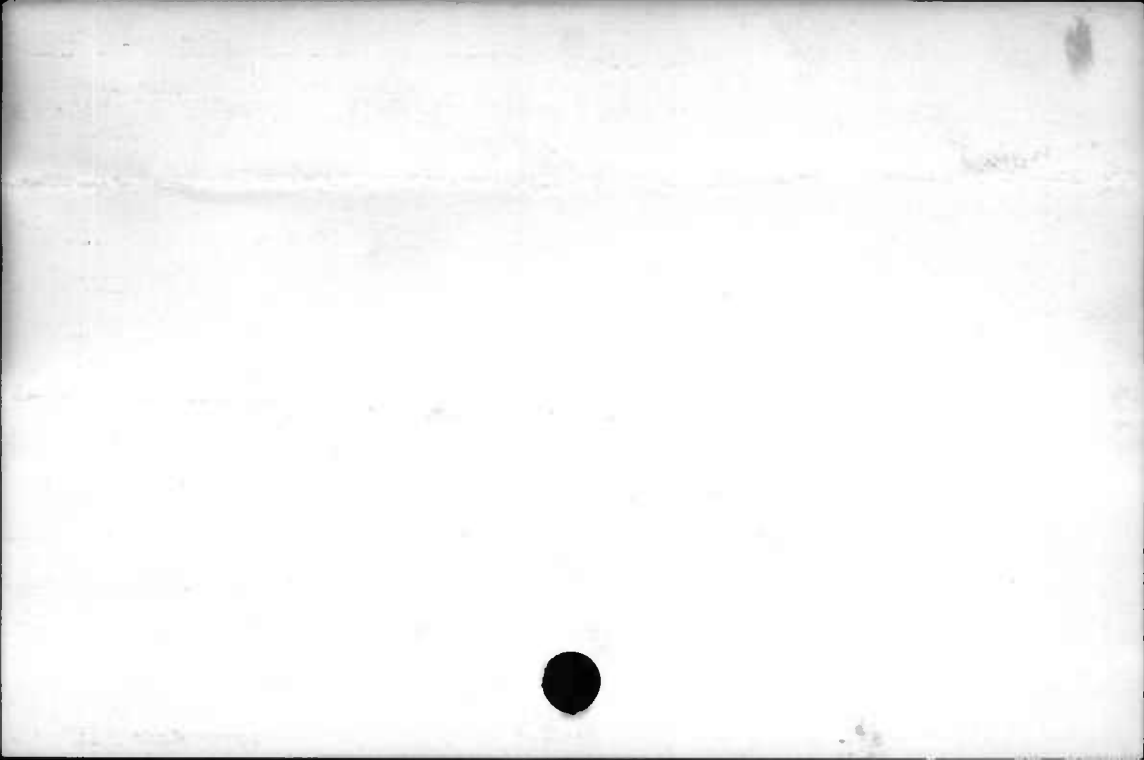
How long

*4 days*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

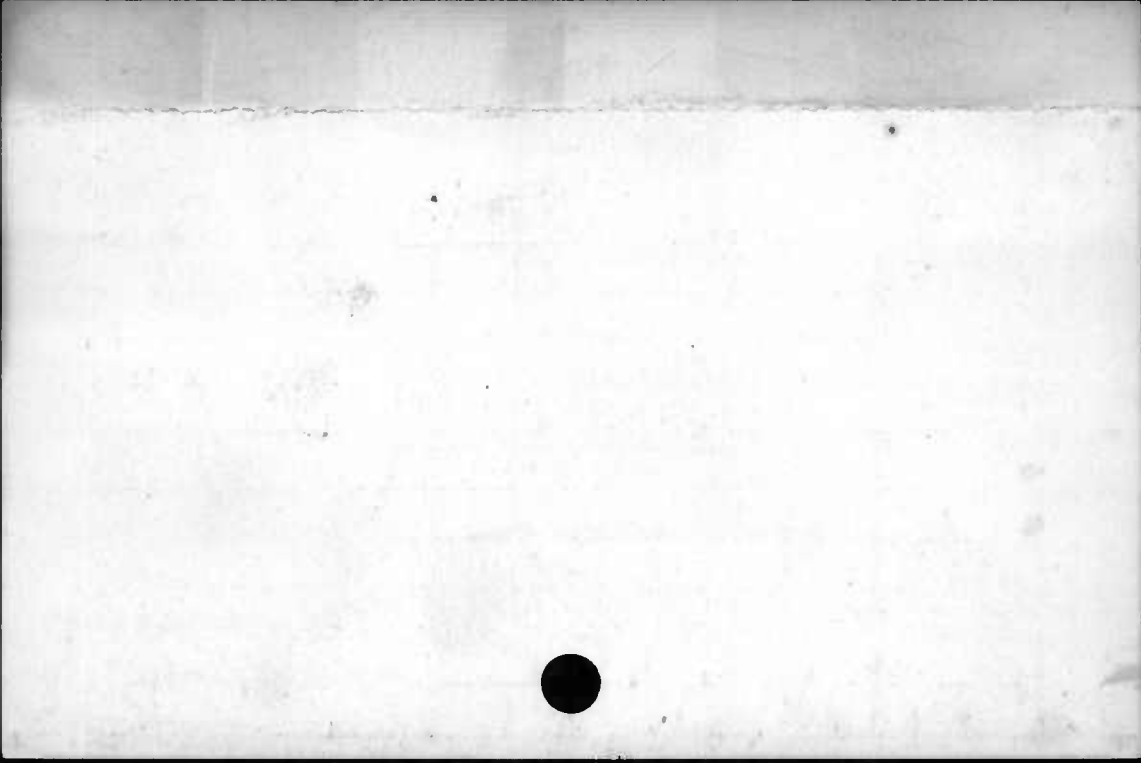
Address

*J. Horner Lynch, M.D.,  
Valley Lee,  
St. Marys Co., Md.*

Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County
	Date of death		Month	Day	Years
	Sex	Color or Race	Birth-place		
	Occupation	Where Residing if not at place of death			
	Married, Single or Widowed		Name of Wife or Husband		
	Father's Name	Father's Birthplace			
	Mother's Maiden Name	Mother's Birthplace			
Name of person giving information		How related to deceased			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	How long			
	Immediate	How long			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
			Address		
	Accident or Suicide?				



Name  
in  
Full

George Cheseldine

CERTIFICATE OF DEATH

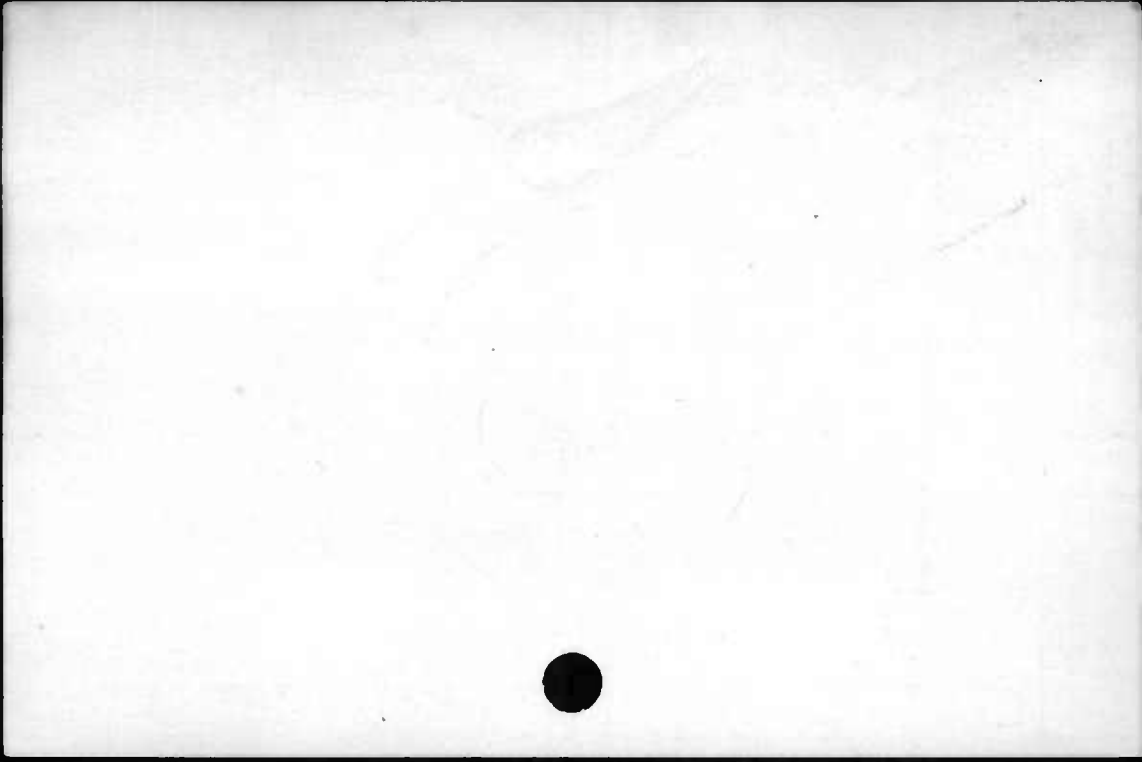
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Riversprings</i> <sup>Town</sup>		<i>St. Mary's</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	<i>1</i> <sup>Month</sup>	<i>19</i> <sup>Day</sup>	Age <i>32</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>ind</i>		
Occupation <i>Oysterman</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Louise Frances Cheseldine</i>				
Father's Name <i>John Penellum Cheseldine</i>	Father's Birthplace <i>ind</i>				
Mother's Maiden Name <i>Mary Frances Bailey</i>	Mother's Birthplace <i>ind</i>				
Name of person giving information <i>John William Cheseldine</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">93</span>	How long <i>13 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Robt. V. Palmer</i>
	Address <i>Palmer</i>
Accident or Suicide? <i>.</i>	<i>ind</i>





Name  
in  
Full

Bryman Clark

## CERTIFICATE OF DEATH

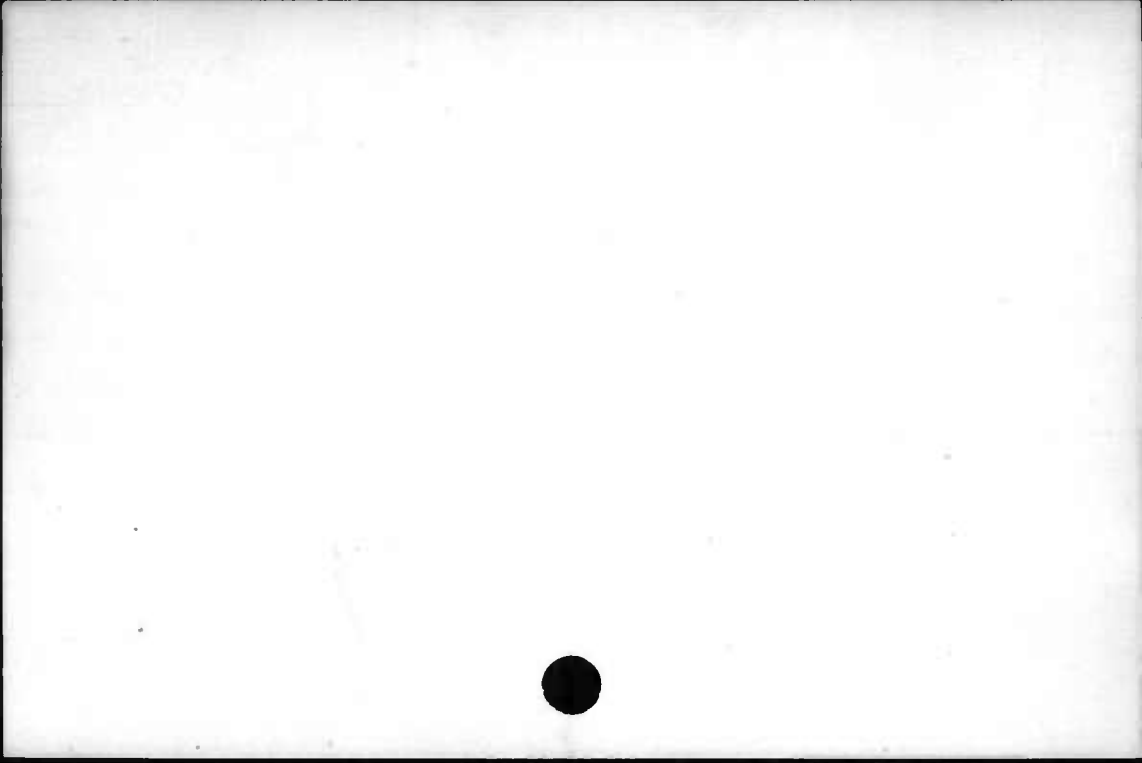
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hollywood</u> <sup>Town</sup>		<u>Hennepin</u> <sup>County</sup>		MARYLAND	
Date of death <u>1906</u>	<u>Jan</u> <sup>Month</sup>	<u>1</u> <sup>Day</sup>	Age <u>55</u> <sup>Years</sup>	<u></u> <sup>Months</sup>	<u></u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>St Marys Co</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Miss Williamson</u>				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <u>Belarann Clark</u>			How related to deceased <u>Son</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Valvular Heart disease</u>	How long <u>79</u> <u>About one year</u>
Immediate <u>Overexertion</u>	How long <u>Two hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Thos Lynch</u>
	Address <u>Leonardtown</u>
Accident or Suicide? <u></u>	



Name in Full

Certificate of Death

Jm. H. Cutchumber

Town

County

Died at

MARYLAND

Date 1906

Month

Day

Y.

M.

D.

Native of

Occupation

Age 78

U.S.

Farmer

Male

~~White~~

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband of

Ellen Cutchumber

Wife

Father's

Mother's

Name

Jacob. Cutchumber

Maiden Name

Emaline

Cause of

Primary

Heart Trouble

How long sick

Sudden

Death

Immediate

Strangulation

79

Accident, Suicide, Homicide

Reported by

L. T. Clarke

Address

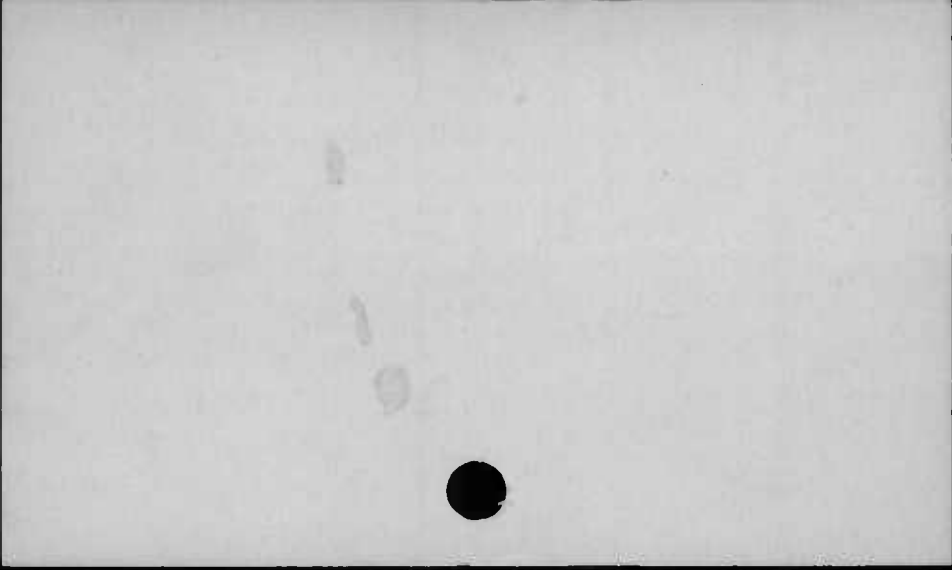
St. Mill P. O.



St. Mary's Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Died at

Date

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

MARYLAND

January 13<sup>th</sup>

Age 71

St. Mary's

Farmer

3

of

Mother's

Maiden Name

Primary

Immediate

definitives &amp; ages

How long sick

3 months

Accident, Suicide, Homicide

Henry Richardson m. d.

Greathills Rd.

LIBRARY BUREAU, 79898



Name  
in  
Full

Mary E. Greenmell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Valley Lee*

Town

*St. Mary's*

County

MARYLAND

Date  
of death *1904*Month  
*Jan.*Day  
*3*Years  
Age *69*Months  
*—*Days  
*—*Sex *Female*Color or  
Race*Black*Birth-  
place*St. Mary's Cty.*

Occupation

*Housekeeper*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Widowed*Name of Wife or  
Husband*Jessie Greenmell*Father's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formation*Joseph C. Anderson*How related  
to deceased*Son-in-law*

## CAUSES OF DEATH

Primary

*Senile Gangrene*

How long

*Six Months*

Immediate

*Exhaustion*

How long

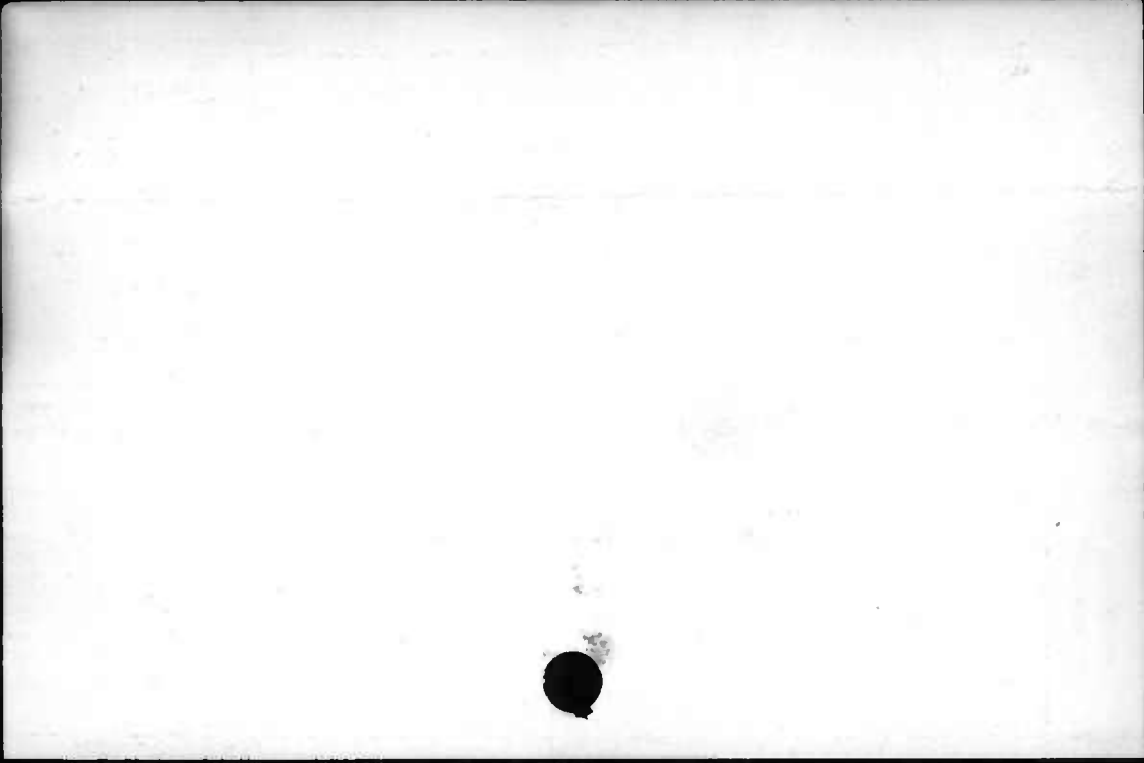
*Four Weeks*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*T. Honper Lusk, M.D.*

Address

*Valley Lee, Md.*

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
In  
Full

Johnna Pair

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Morgauza*

Town

*Harrods*

County

Date

of death *1906*

Month

*1*

Day

*12*

Years

Age

*54*

Months

Days

Sex

*Female*Color or  
Race*Black*Birth-  
place*Harrods*

Occupation

*Housewife*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Thos Pair*Father's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formation*John Pair*How related  
to deceased*Son*

## CAUSES OF DEATH

Primary

*Chronic Nephritis*

How long

*120* *18 months*

Immediate

*Uremic Convulsions, Coma*

How long

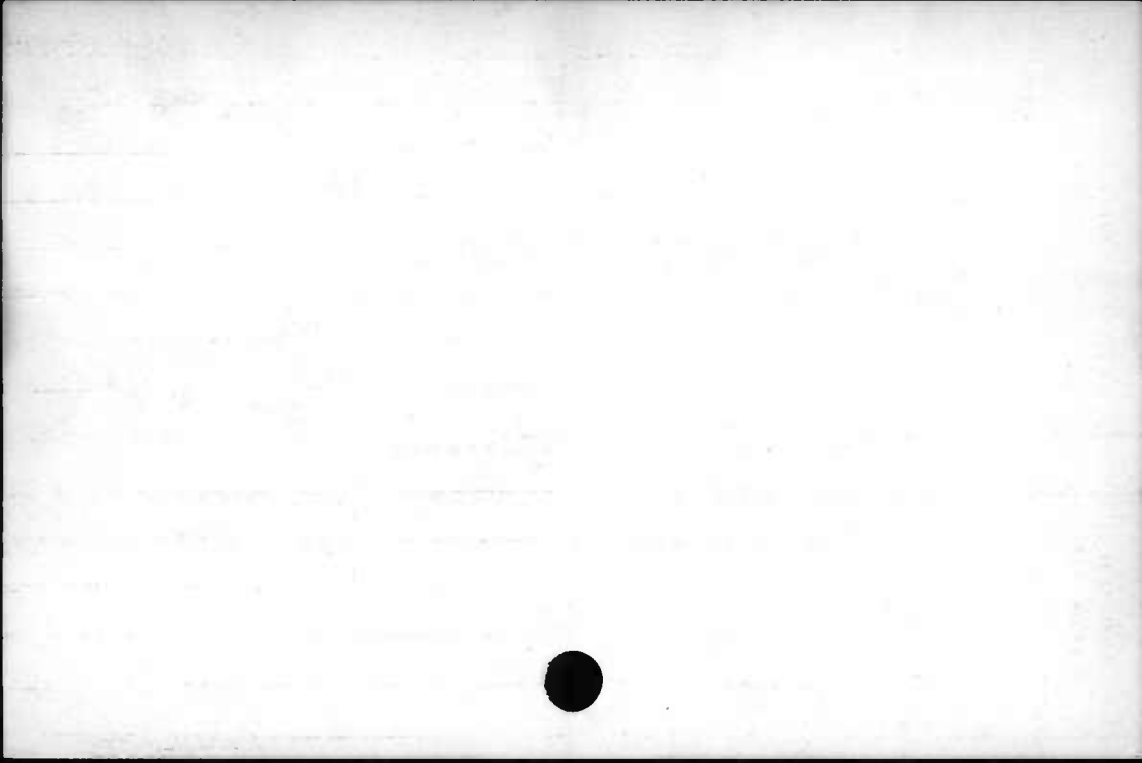
*4 days*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Thos Lynde*

Address

*Leomontown*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

Ellen K. Redmond  
 Town Jarboesville County St. Mary's

MARYLAND

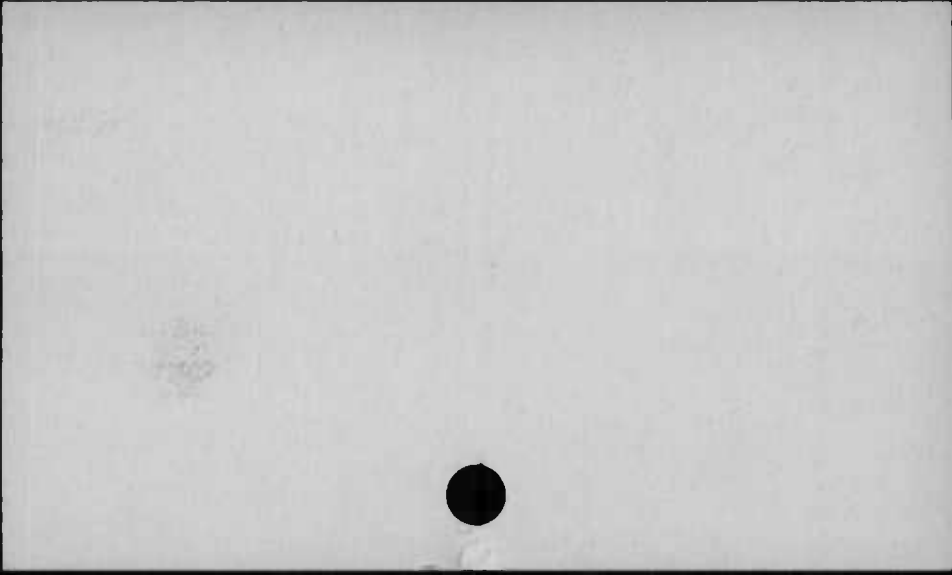
Died at Jarboesville  
 Date 1906 1 3  
 Month Day Y. M. D. Age 50  
 Native of U.S. Occupation Housekeeper  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living 0

Husband of Daniel Redmond  
 Wife  
 Father's Name Henry Bradburn Mother's Name Mary Bradburn

Cause of Death Primary Tuberculosis  
 Immediate  
 How long sick 1 yr.  
 Accident, Suicide, Homicide

Reported by L. T. Clarke Undertaker  
 Address St. Mills St. Mary's Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

G. C. Thompson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Halewood		County St Mary's		MARYLAND	
Date of death	1906	Month Jan.	Day 26	Age	Years	Months	Days 0
Sex	Male		Color or Race	white		Birth-place	Ind
Occupation	none			Where Residing if not at place of death		Ind	
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			G. C. Thompson			Father's Birthplace	
Mother's Maiden Name			Mary White			Mother's Birthplace	
Name of person giving information			F. H. Jones			How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Hemorrhage from the Medical		How long	3 days
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. D. King
			Address	Rockville Ind
Accident or Suicide?				



Name  
in  
Full

May Emily Young

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Prine Springs</i> <sup>Town</sup>		<i>St. Mary's</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>1</i>	Day <i>5</i>	Age <i>20</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>ind</i>		
Occupation <i>house</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>unmarried</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Levin's Jefferson</i>		Father's Birthplace <i>ind</i>			
Mother's Maiden Name <i>Margaret Jefferson</i>		Mother's Birthplace <i>ind</i>			
Name of person giving information <i>James Young</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>10 yrs.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Robt. V. Palmer</i>
	Address <i>Palmer</i>
Accident or Suicide?	<i>ind</i>

